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ORIGINAL ARTICLES.

TREATMENT OF PHTHISIS PULMONALIS.

TRANSLATED BY S. L.

To a Californian, living in a country where every one can sit under his own fig tree or under the bower of vines, where everybody can live nearly the whole year out of doors, there can be hardly any theme more interesting than a description of a journey to Falkenstein, as given by Dr. Pouzet in the *Bulletin Medical* of July, 1888. The doctor says:

I do not know a more attractive and instructive excursion for a physician than a visit to Falkenstein, where Dr. Dettweiler takes care in his private institution of about 120 phthisical patients, and his whole treatment is hygienic; plenty of fresh air, good nourishment and rest. The house looks like a large surf-cottage, surrounded by mountains covered with forests, through which many beautiful walks meander, and with an extended panorama, never obstructed by fogs. From the terrace of the sanatorium the view is enchanting, and here it is where most patients pass their time in a long covered gallery, lying on sofas or couches, covered with shawls, rugs or wraps. Small tables are set before each patient so that they can read, write, drink their

water and milk or register their temperature. On the floor a large spittoon, an electric button, a gas burner, are close to each of them, so that they can enjoy themselves during the evening. (Here in America we would use electric lights for that purpose.) Annexes are everywhere found, as the gallery could not contain all the patients; here a grotto for two, an arbor for others; shielded against others, again, a large open barrack for ladies, which they irreverently call the palace of monkeys; at some distance a large Kiosk, where the young gentlemen amuse themselves, and this whole world engageth itself out-doors in all sorts of weather.

Before the patient gets up in the morning he is rubbed down with a dry towel or with an alcoholic fluid, or with a wet cloth, according to individual indications—those who are feverish receive the dry rubbing, which cleanses the skin, the stronger ones can stand a douche. At 8 o'clock everybody is down stairs, and those who come too late pay a fine of one dime. The breakfast consists of coffee, with milk, tea or chocolate, with lots of cream and lots of butter to their bread. After that rest on one of the settees, only interrupted during the forenoon five or six times by a walk of ten or fifteen minutes. The patients are advised to walk slowly, the shoulders thrown back, and have to breathe every quarter of an hour about eighteen inspirations through their nose, deep and prolonged, so that they may enlarge their thorax, strengthen their lungs and get more room for the function of respiration. This gymnastic exercise they must also take when in a horizontal position. The stronger ones are allowed to ramble through the forests for an hour or so, but only after the recommendation of the physician. At 10 o'clock a glass of milk, taken in slow sips. At 1 o'clock, dinner, which is the principal meal of the day, in the huge dining hall, consisting of soup, eggs, three courses of meat, compots of vegetables, and all eat well in spite of the fever which reddens their cheeks. White or red wines are enjoyed, but no beer is allowed. It is astonishing that hardly any coughing is heard at the table. Dettweiler urges on his patients to resist the tickling felt in the throat or larynx, just as one can resist the desire to scratch, and coughing becomes soon easily suppressed. In order to breathe easily through the

nose some suck at first a pastile, or take a sip of cold water, or of hot milk, in their mouth, and thus become accustomed to breath through their nostrils.

A patient hardly coughs more than three times before expectoration follows, and it is strictly forbidden to expectorate on the floor or in a handkerchief. At every corner of the house are large spittoons filled with water and thoroughly cleansed twice a day. After dinner the patients return to their settees and take their coffee in the fresh air; some of them take a little brandy which they carry with them in small flasks, and the weaker ones are allowed to take during the day sixty to eighty grammes in milk or in water. The afternoon is devoted to the same rest, only interrupted by short walks, just as in the forenoon. Every patient takes three times a day his temperature in the mouth, and notes it down on his tablet. At four another cup of milk, with most of them, fresh from the cow, when they are milked. The cow-house is kept in the best of order, and especial care is taken that the cows are in the best of health, and frequent renewals become therefore necessary. At seven, supper, composed of different cold meats, ham, cold poultry, cold filet, etc., and the patients are allowed to enjoy themselves outside for an hour or two, then they take their grog and go to sleep in their rooms, where the windows were kept wide open during the day, and an awning kept the heat from penetrating. For thorough ventilation all through the house extreme care is taken. Neither carpets nor curtains are allowed anywhere in the house. Doors and windows are not tight and in the corner there may be a small stove, which is perhaps heated in cold weather during morning hours while dressing.

We thus see that at Falkenstein, the consumptive patient passes his time in the fresh air which hardens his constitution to withstand the influence of atmospheric changes, so detrimental in the course of this disease. Another advice of Dr. Dettwieler is to avoid everything which would make the patient perspire, for nothing weakens so much, nothing is more frequently the cause of catching cold than perspiration. For that very reason all exercise is done by the order of the physician, and if by accident a patient sweats, he must immediately return to his room where he is dried and rubbed down. We consider this a most excellent regulation.

Patients who have greatly improved under such treatment are allowed to smoke one or two light cigars a day, and the ladies are allowed to sing a little. A billiard room and a reading room are at their disposal, where the windows are always wide open.

Hardly any drugs are used; off and on a little antipyrine or antifebrine, a little morphine in water, but never more than one centigramme, and never after midnight. Such medical treatment amounts to nothing. *Dettweiler* relies on *fresh air, abundant nourishment, absolute rest, strict precautions, and especially on pulmonary gymnastics*. In his sanitarium 27% are cured, and among those far advanced cases. Twelve years have passed since its organization, and its benefits are shown by facts. Most patients remain there five or six months, and they are then requested to keep up, as near as possible, the same life which they enjoyed at Falkenstein, and many a patient was able to return to his avocation. A few words on the moral situation of the patient. *Dettweiler* tells them the whole truth, and their own will-power must aid them to get well again. Away from their homes and families, isolated from business, they have here a chance to get well again. Obedience is strictly demanded and carried out, and whoever cannot stand it and abide by the rules, his absence is more desirable than his presence.

In reading this article queer ideas come into my mind, and how our whole life is made up to sin against nature. Go into any one of our houses of the better class, and everything is done to shut out light and air. Curtains and lambrequins, the more and heavier the better, are put up and the rooms kept dark, so that the harmonious colors of the heavy carpet should not fade or be soiled. Heavy portiers are hung over the doors so that no breath of air would taint the fashionable heavy air of this sacred precinct. And it is no better in the upper stories, for here again fashion rules the roost, and the lovely embroidered coverlets might get a speck of dust if the windows were kept open, and in the nursery the children would be exposed to draught, or might fall out of the windows if they were kept open during the day. The good nurse is ordered to take them out for half an hour or so, but they must be orderly and well behaved,

like little ladies and little gentlemen, and romping, so natural to the child, is interdicted.

No wonder that thus the seeds of many diseases are inflated without accusing heredity by the sins of the parents for it. Prevention is better than cure, and it is the duty of us, as physicians, to be the regulators of the family life. Let the dear ladies reap their harvest which they sow in the parlors and boudoirs, but let us look to it, that the nursery and the children's bedrooms are devoid of all such nuisance—no carpets or window hangings; let them breathe God's best medicine, fresh air, by day and by night, and though we may not rear hot-house plants, we will harden their young constitutions by that other neglected medicine, so free to rich and poor—fresh, cold water, and the coming generation may, perhaps, then be an improvement on the present one.

California, that State so blessed by a variety of climates, where neither the heat of the summer solstice nor icy coldness of winter prevents the sojourner from living out-doors the whole year round. California, which is considered by many a weary sufferer as the Mecca where he may regain that only boon worth striving for, his health, is just the place where such sanatoria ought to be established, and they ought to be named Falkenstein, so that he who makes the pilgrimage, might know that health can only be gained by following strictly these minutious regulations necessary for such establishment. Have we any physicians courageous enough to carry out such a mode of life as Dettweiler insists upon? Financial success can be assured, but only under that condition, though our American mode of living will revolt at first against all infringement. Let such phthisical patients recollect that liberty is only possible under the law, and that license brings its own punishment. What a boon to be able to restore health without punishing the patient with drugs.

BACK copies of the *Hahnemannian Monthly* (previous to January, 1888) may be obtained from the office of the Hahnemannian Co., cor. 18th and Mt. Vernon sts., Philadelphia.

LEPROSY IN THE HAWAIIAN ISLANDS.

BY GEO. H. MARTIN, M. D., SAN FRANCISCO.

Situated as these islands are, within a week's sail, by steamer, from San Francisco, and having a large trade with this country, we are naturally interested in this question of leprosy, which is making such fearful ravages among the native population there. The biennial report of the President of the Board of Health to the Hawaiian Legislature, session of 1888, gives us much useful information on this subject.

The first clear case of leprosy in the islands was discovered in 1840, in the person of one of the native messengers of the chief. In 1863, fifty cases were found on the Island of Maui alone. In 1868, by reports of the different tax assessors to the Government, by direction of the Minister of Finance, 274 cases were found in the different islands of the group. Since that time leprosy has made fearful strides; until, in 1888, it is estimated that there are 1,500 cases. The total population of the islands, according to the census of 1885, was 80,000; thus it is seen that 5.2 per cent. of all the inhabitants are infected with this dread disease. Segregation has been partially carried out by the Government. Until recently there have been two lazarettas, where lepers have been confined; one at Kakaako, in Honolulu, which accommodated about a hundred, and the other at Kalawao, on the Island of Molokai. Within the past few months the Kakaako hospital has been done away with, and hereafter all of the lepers, as fast as they can be brought in, are to be taken to the settlement at Kalawao.

March 31st, 1888, there were 749 lepers at Kalawao. From the reports of the agents of the Board of Health, there were known to be 644 lepers at large throughout the kingdom. That this is not all that are at large, cumulative evidence goes to show. The new government is doing its work nobly, in regard to this question, and the tremendous difficulties that they have to contend with—in finding out, and segregating, those afflicted with this terrible disease—are gradu-

ally being overcome. From July 1st, 1887, the time the new government went into power, to March 31st, 1888, there were added to the population of the leper settlement at Kalawao 321 lepers; this included 86 sent from Kakaako branch hospital, when that was abolished; the other 235 were picked up in the various islands. For the year ending July 1st, 1887, there had only been 27 cases added; thus we see that the new administration mean to do their work effectually, and, if possible, check the progress of this scourge that has settled upon that fair kingdom. The burden upon the country, in taking care of this large number of persons, is becoming a serious matter; for most of them are unable to work, and therefore can render no return for their support. It is only by the strictest kind of segregation that the disease can ever be stopped, and the only hope of the nation is in following this plan to the letter. Now comes the question, is leprosy contagious? No physician who has ever been to the Hawaiian Islands, and given the matter any thought, would think of saying that it was not. But to what degree it is contagious, or communicable, is a question that is hard to answer. That it is contagious, I think is proved by the rapid spread of the disease in these islands. There is another fact that goes to prove it. There are living at the leper settlement a number of people, friends or relatives of the lepers, called "*kokuas*," who go there to take care of the afflicted ones. A short time ago the Medical Commission, after examining 66 "*kokuas*," who went there perfectly free from leprosy, 23 were declared lepers, and 11 showed symptoms which caused them to be declared "suspected lepers." Father Damien, the Catholic priest, who has been at the settlement several years, is now a confirmed leper. A physician in this city, who has had much to do with leprosy, has declared the non-possibility of the inoculation of the disease. To disprove this statement, I will cite the case of the condemned convict *Keanu*. Dr. Arning made application to his Majesty's Privy Council to make some inoculation experiments upon this man, who was under sentence of death. The application was granted, and the sentence was commuted to imprisonment for life. On September 30th, 1884, after a careful examination into the personal and family

history of the condemned man, and a thorough examination of his body, which satisfied Dr. Arning that he was perfectly free from any taint of leprosy, he was inoculated with the leprous virus. Careful microscopical examinations made of tissue taken from the inoculated spot showed the presence of the bacillus lepræ in large numbers, until March, 1885. After that time they gradually decreased, until fourteen months later only a few could be found. But now, in October, 1888, four years after inoculation, I learn that "Keanu" is a confirmed leper, and of a bad type. One year ago, when I last saw this man, he was perfectly free from it, but since that time the disease has developed with great rapidity. He has been kept within the prison walls all of this time and there is no way that he could have contracted the disease, other than by inoculation, and it would seem that the proof was positive.

Now, how is leprosy ordinarily contracted? I know of cases where the wife is a leper and the husband, cohabiting with her, shows no sign of it. There is a well known case in Honolulu where husband and wife are both lepers and neither their children, of which they have many, or grandchildren, show any signs of it. Again, quite young children are afflicted, and neither their parents or grand-parents manifest any symptoms of it. Thus we see that it is not always hereditary, as some authors have claimed. From my observations, I have come to the conclusion, that there must first be some peculiar individual idiosyncrasy, some certain constitutional predisposition existing, before one can contract the disease, and the Hawaiians seem to possess this unknown factor in a high degree. We find leprosy prevailing as an epidemic evil in Norway, India and China, and sporadic cases are found all over the world, but nowhere else does it prevail to such an extent as in the Hawaiian Islands.

Of the 749 lepers on Molokai, there are 6 British subjects, 2 Germans, 1 Pole, 1 American, 1 Belgian, 1 Russian, 23 Chinamen, 1 Raratonga native, 1 South Sea-Islander. All the rest are Hawaiians and half-castes. As far as I can find out, there are not more than a dozen cases among the white population, that have ever been discovered, in all of the history of the islands.

As regards to etiology, most of the commonly-accepted opinions we have seen put to nought; but that the children of lepers are the most liable of any one to develop it, in after-life, is a fact. Again, an individual without the leprous taint is more liable to develop the disease in a country where it abounds than in a non-leprous region; that is, after he has been exposed to the contagion. The Hawaiian government has spent large sums of money for investigations as to the cure of leprosy, but as yet with no avail. In November, 1883, Dr. Edward Arning was sent out by the Berlin Society to study up this question. He was given some aid by the government, and went to work at once upon his arrival in a very systematic manner, classifying his work thus: I. Clinical. II. Pathological, anatomical. III. Special bacterial research. IV. Therapeutic. V. Hygienic. For two years he gave these different classes about an equal amount of attention, and had made a most excellent beginning, but, unfortunately, owing to a short-sighted policy of the government, under the Gibson administration, he was not allowed to continue. And the fact is to be regretted by the whole medical world, for there is no other place where investigations can be carried on so easily and so successfully as on these islands. There is one fact that Dr. Arning proved, if nothing else, and that is, that a person can be inoculated with leprosy, as by vaccination, as is seen in the case of "Keanu," which I cited above. At the present time the Board of Health are in communication with Dr. P. G. Unna, of Hamburg, whose alleged cures of leprosy have been favorably noticed, as to the advisability of sending someone who is acquainted with his methods to try them upon the cases at Kalawao. If satisfactory arrangements can be made, and someone can take up the work where Dr. Arning left off, we may yet know more of the disease and how to treat it. I have often been asked if there is not danger of leprosy spreading on this Coast from the fact that lepers sometimes leave the islands and come up here. I do not think that it would ever become endemic here, for it has not the right soil to take root in. There are always some cases of it in San Francisco among the Chinese, and there are also some cases among the whites, but I do not think

there is anything to be feared from them. If it were imminently contagious, every white person, as well as every native, in the Hawaiian Islands would have it, for they mingle freely, and until recently lepers might have been seen everywhere—on the streets, in churches, in the theatre, or at any large gathering. As we become accustomed to a danger, the less we fear it; so with leprosy, the more we see of it the less we think of its horror, and we are apt to settle into a state of indifference, which is fatal to our welfare. That is the condition of the Hawaiians, and also of anyone who lives there any length of time, and for that reason it is difficult for the government to carry out the plan of strict segregation. But now the people are awaking and it will not be long before all cases of this disease are properly taken care of. I do not think that leprosy can be contracted by ordinary contact, but I do believe that all lepers should be segregated and as few healthy persons come near them as possible. While we do not know the exact manner by which this disease is spreading, yet we do know that strict segregation will stop it where it is. The world is looking to Hawaii to see that she deals with this evil that is in her midst as she should, finding some means of cure or alleviation for the sufferers, if she can; if not, preventing them from being a source of contagion to their fellow-men.

WHO ARE HOMŒOPATHS?

BY A LAYMAN.

One of the first inquiries made by a man who is invited to join any particular body or order is, "Who compose it?" It is a very essential inquiry, and may furnish a text for this brief disquisition. It is not perhaps so applicable in this instance, as in that of societies and organizations generally, for the reason that Homœopathy is a grand and beneficent scheme for the relief of all inheritors of pain, whether they dwell in marble halls, or the humble cottages of the poor. Yet it may not be amiss to ask the question, for the answer is significant. First: it is people who think; and second;

people who are grateful for the mighty amelioration of the medical art coeval with the appearance of Homœopathy.

It is people who think, because they are dissatisfied with ancient, mouldy and exploded methods of cure, and demand something consonant with the dignity of standing of the other sciences in this century. It is people who have some gratitude in their composition, because the sick-room is no longer a torture chamber, such as those in which the viciously inventive intellect of the Dark Ages rioted, but the rather a spot where in full sway are perceived all the gentle, kind and successful methods adapted to restore the wounded in the battle of life to that harmony with their surroundings, which is the great secret of Mother Nature. The result of the fact that the most thoughtful are the strongest adherents of the system, is that its main support and strength are drawn from the classes who have means. In one respect this is fortunate, for it signifies that that class, which is so influential, is the one which should be the most able to spread its empire rapidly; but there is a misfortune in this respect: that a medical system which can successfully cope with the infinitude of diseases, aches and pains which afflict a class which has leisure, takes little exercise, and is reckless about what it eats, ought to be more widely diffused among the sons and daughters of toil, for it would meet their simpler cases with marvelous efficiency.

It is said that a certain old-school physician of Cleveland, Ohio, remarked concerning a famous and elegant street in that city: "The homœopathic physicians are pulling more door-bells on Euclid Avenue than we are;" and this would undoubtedly be a mere repetition of what might be said concerning the most elegant streets and avenues of every large town and city all over the United States.

When the simple clapper on every poor man's door-panel is also twanged by the physicians of the school, then pain and suffering may probably be expected to shrink within those dimensions which kindly nature intended. A. H. C.

The Southern California Practitioner for August, contains an interesting article on the Climate of Tehama county, Cal.

IS IT POSSIBLE TO ERECT A HIGHER STANDARD OF MEDICAL KNOWLEDGE IN THIS AGE?

By S. S. GUY, M. D., SAN FRANCISCO.

I.

Of all the sciences medicine is the most uncertain. I am aware of the boldness of this statement, as well as of its far-reaching challenge. It is not, however, made in bravado, or for the purpose of a wrangle, but with a view to a fair and candid discussion of its truth and an endeavor to put forth some suggestions regarding some evolutionary processes by means of which it may be rendered *more certain*, and thus become a truer and surer means of ameliorating, modifying and perchance curing some of the protean forms of disease to which all human—as well as—inhuman beings are more or less subject.

Why is this science so uncertain? First, because it has to deal with that which we know the least about, because of its inscrutability to the finite mind, viz., the thing we call life; and second, because of the lack of knowledge in this direction we have no certain basis on which to build a science.

I need not enter into or attempt an analytical discussion of these postulates, for the good reason that they have to a great degree become axiomatic to all deep thinkers.

In this dilemma what are we to do? Sit down and quietly submit to fate, doggedly insisting that because up to this time no certain way out has been found, therefore there is no way? Not so. By a very meagre survey of the history of progress in bygone ages we shall see that all advancement—in whatsoever direction—has taken place through seed-sowing, engrafting, gestation and oftentimes through long and painful parturitions. The marks of slow and gradual evolution are everywhere found. To be sure there have been cataclysms, both physical and spiritual at various times and places, when violent and rapid evolutions have taken place, but always at the expense of great destructions and apparent waste of energy which must always be repaired and restored before an equilibrium could be attained and orderly progress could be resumed.

Nevertheless, although exceptional, these violent interludes performed a use, and obtained a certain end in the economies of nature and spirit. While they seem to be outside of law, yet they were controlled by—shall I say—a higher law, as yet only partially recognized on this natural plane of being, and only seen dimly by even the most highly illuminated mortals. Yet to these they are sufficiently clear to become beacon lights which ever beckon them on to deeper and deeper insights into the arcana of real existence.

But to return. We find this law of progress by evolution ever persistent, ever advancing and aggressive. It is not in the power of man to stop it, but it is in his power to hinder—apparently—its operation upon himself for a time—and to himself this hindrance seems persistent and continuous, but alas, it is but a mental illusion which his vanity and egotism makes to seem real.

Given the truth of this proposition, what follows? An inference, at least, that these movements are actuated by a power outside of man himself.

What then, is this wonderful power that while it seemeth as expansive as eternity, yet is able to concentrate its eternal mightiness, in leasts, in the tiniest mote that floats in the sunbeam? May we say that it is the power by which all things have been and are now created or brought into existence and sustained in all the functions which they are created to perform?

So far but two attributes of this power have been presented, viz.; Almightyness and Omnipresence. But is it not readily also seen that there must be attached to it, or inherent in it, the attribute of Omniscience? This is clearly seen in all the extended arrangements and harmonious operations of the creative forces, as well in the relations of the minutest atoms, as in the rolling spheres of the complex starry heavens.

These attributes in their infinite activity, challenge the extremest stretches of intellectuality in man. He continually wrestles with some of the smallest problems involved in this contemplation, and yet when he has solved those within the scope of the most far-reaching powers of his mind, he finds the result but the merest shimmerings on the confines of the illimitable problems beyond.

But there is one other and supreme element exhibited in this wonderful power which seems to overtop all the rest; in fact, which seems to be the soul and center of all, and for the use of which all the others exist. This is Love; love of use, love of ends for which all things are goodness, beneficent outworkings of affectionate care, even for the least things in creation, as for the greatest. This is the climax and end of all.

Now, it is said that Man was created in the image and in the likeness of this wonderful power which embodies all the attributes named or that can be named which embody goodness and good willing. But when we look around us and behold man in his average state and condition we stand amazed at the terrible contrast between the image and likeness and the original pattern. We are at once inclined to challenge the statement that any such images ever existed; or, if we consent to the statement, we at once set up the query, as to how or wherefore this terrible fall from the true image or likeness. But I must desist; here is my theological limit. You must argue the case for yourself until I am permitted to enter into that most interesting discussion, or it may perchance become involved before we get through, if permitted to go on in the inquiry we have set up.

For the present, however, it must suffice that I assume it to be a fact that man has actually declined or fallen from his highest estate into great physical and moral evil, and as a consequence there has been entailed upon him mental, moral and physical disease.

Hitherto it has been the habit of all prevailing schools of medicine to regard physical disease the principal objective to which all study and research must be directed. In fact, most of the scientific text books and teachings of the schools are based largely upon what is called materialistic philosophy. Assuming that force and matter are the essential elements of all beings, and that all effects are the result of force in motion acting upon matter. This might be a sufficiently clear statement of basic or elemental truth, were it not that the promoters of it insist that force exists *per se*, and is in no way related to a supreme and organized intelligence. This agnostic tendency in the so-called scientific evolution

of the age is the chief barrier to true progress and genuine development of truth. It permits only the presentation, or setting forth the mere appearances or bare shells of real scientific truth. Science consists in setting forth the true facts in orderly sequence. The truthful value of the deductions, or conclusions reached from this setting forth depends upon the preponderance, or otherwise, of the *true* facts in the sequential arrangement.

The conclusions of science relating to therapeutics, up to the second quarter of the present century, are well known to-day to have been of the most fallacious character. Virtually the merest empiricism, even the pretended principle, *contraria, cantrarius, curantur*, had been virtually abandoned by the more intelligent of the profession, and the foremost professors were seeking everywhere for a true guiding principle or therapeutic law. A large proportion of them are still seeking for it and will continue to seek, but in vain, until they rise to the plane of genuine scientific truth.

But the age generally produces the Man, and as soon as mind has become sufficiently developed, he comes forth and unfolds a principle which shall become the basis for another grand step in human progress.

Hahnemann proved to be the man for his time. He developed and proclaimed a principle, as a basis for therapeutics which has proved to be proximately true. I speak advisedly. I will not attempt now to say wherein the law is not absolute. This is not necessary to the discussion. But I will say that while he propounded the law *similia, similibus curantur*, as the nearest expression of his conception of a true principle in the healing art, he also tacitly acknowledged the operation of a still higher principle which reached up towards the primary source of all laws and all power. This law of similars has been wrought upon by his followers, but up to the present has not been improved in a single iota, thus proving that his inspiration was genuine as far as his vision was permitted to be cast in advance of his time.

But this is a rapid moving age and new steps in progress must therefore be made more frequently than in the past. The past developments are fast becoming dissolving views, but thanks to the moving power new views are brought forward as the old ones fade away.

OPHTHALMOLOGY AND OTOTOLOGY.

DEPARTMENT CONDUCTED BY H. C. FRENCH, M. D.

KALI MURIATICUM IN PARENCHYMATOUS KERATITIS.

BY GEO. S. NORTON, M. D., NEW YORK.

In my last edition of "Ophthalmic Therapeutics," attention was called to the value of kali mur., in parenchymatous inflammation of the cornea. Since then a more extended experience in its use has moved to emphasize its importance and widen its sphere of action. It is not only of service in the chronic, low forms of interstitial inflammation, which have been running their course for weeks and months, but is of marked benefit in the early stages of the disease. Illustrative of this assertion is the following case which is similar to several others on my records:

Louis G——, aged 19, came to my office July 3d, 1886, by advice of his physician, Dr. Nichols, of Hoboken, N. J. The young man was of good physique and apparently perfectly healthy. He stated that his right eye had been "bloodshot" for a week and that the vision had been steadily failing for five days. Examination of the eye showed moderate photophobia, lachrymation, conjunctival redness and ciliary injection. The cornea was very hazy, appearing like ground glass throughout its whole extent, but was not vascular; the surface was clear. The vision was reduced to counting fingers six inches from the eye. The history of the case, though not clear, pointed towards a strumous rather than syphilitic origin. Atropina was instilled and kali mur. x given internally. Under this treatment alone he steadily and rapidly improved until he was discharged, August 19th, with vision $\frac{15}{40}$. On December 27th, he was again seen, when the vision in the right eye was found to be perfect ($\frac{15}{15}$). But the disease was making its appearance in the left eye, as evidenced by moderate inflammatory symptoms, and cornea hazy at the outer edge. L. V. $\frac{15}{30}$. The same treatment was

prescribed as had been so successfully employed before, but for two weeks the cornea gradually grew more opaque, the redness increased, the pain became more marked, as if there were something in the eye, the photophobia and lachrymation became excessive and the vision decreased to counting fingers at six inches. *Rhus tox.* x was then alternated with *kali mur.* x, when the sthenic type of the disease soon changed and the inflammatory symptoms rapidly abated; after which under *kali mur.* alone the improvement continued so long that in eight weeks his vision was $\frac{15}{40}$; and later became perfect.

From a study of the cases of parenchymatous inflammation of the cornea in which the potassium chloride has been given, it is found to be especially adapted to the non-vascular variety of inflammation. *Aurum mur. cannabis* and mercury are oftener called for where the cornea is vascular and inflammation more active. *Calcarea phos.* is also of value in the non-vascular form of diffuse keratitis, but the photophobia is more marked than under *kali mur.* and the scrofulous cachexia so indicative of lime is well pronounced. When *kali mur.* is required there may be some photophobia and lachrymation, but it is never excessive as is the case in the remedies above mentioned. The pains are not distinctive either in character or time of aggravation, but are always very moderate in intensity, even in the early stages of the disease. The conjunctival redness is always present in a greater or less degree, but it is never excessive, bright-red and fiery as in the more sthenic type of the disease.

The above indications for *kali mur.* hold good for all other corneal diseases, in which it is a remedy of great importance. In ulceration of the cornea, however, it will often be found that the base of the ulcer is vascular, as I have already demonstrated in an article upon the subject published in the *North American Journal of Homœopathy*, September, 1885.

WE are in receipt of three numbers of "The Physician's Leisure Library," published by George S. Davis, Detroit, Mich. "Granular Lids, and Contagious Ophthalmia," by W. F. Mittendorf, M. D., covers a much larger field than its

title would indicate, and in the treatment touches upon diseases of the cornea and iris. He runs counter to the opinion of many good authorities in his mention of "acute granular lids;" also, in his reference to the "follicular variety of granular lids," which is a plain confusion of pathological conditions, and while follicular conjunctivitis may co-exist with trachoma, the two diseases are distinct. Nitrate of silver and sulphate of copper are mentioned as chief agents in the treatment of granular lids, which seems a long way "behind the light house" to a homœopathic therapist. Upon the whole, the book will prove a benefit to the busy practitioner, and for the price, 25 cents, considering its artistic makeup and good general arrangement, is a model of condensation and cheapness.

D. B. St. John Roosa, M. D., furnishes the Library with a 73-paged pamphlet "On Determination of the necessity for Wearing Glasses." This is the most delicate and difficult part of the many intricate duties of the oculist, and this work will be found in the main beyond the reach of the ordinary practitioner, and any one prepared to treat the class of cases here recorded would require no little special training, and a formidable outfit of glasses and other appliances for discovering refractive errors. In short, the doctor who would need this work would need a more complete one of its kind.

The gem of the trio before us for inspection is one by Dr. Samuel Sexton, entitled, "The Modern Treatment of Ear Diseases." It gives "the classification and treatment of over two thousand consecutive cases of ear diseases," as recorded on the title page, and is in every particular reliable and practical in its treatment of this very difficult and important subject. We most heartily commend it to the general profession as a work that will be found strong where strength is needed, and one that will not, as is so often the case in this class of works, prove a harrassing disappointment in crucial want. The illustrations are all excellent and the pamphlet is a model of orderly and practical arrangement and lucid brevity. All these works are neatly bound in paper, strong and durable, and are a credit to the artistic and mechanical skill of the house of George S. Davis. F.

Colleges, Hospitals and Societies.

HAHNEMANN HOSPITAL COLLEGE.

The fifth annual session of the above institution closed on the 19th of October, after six months of most satisfactory work. The class matriculated this year is the largest in the history of the college, twenty-one in number. These together with the middle and senior classes make a very respectable total as regard numbers, and not only that, Brother Fisher, of the *Southern Journal*, says in his last number: "And in composition it is of the very best material. We have never seen a more thoroughly intellectual and earnest body of young men and women assembled at a medical college than are now in attendance upon this institution." Brother Fisher's powers of observation even before he got his new spectacles were of the acutest.

The commencement exercises will be held November 1st, at Odd Fellows' Hall. As in former years they are to be short but interesting. The programme consists of addresses by Professors G. H. Jenks, George E. Davis, Rev. J. A. Cruzan and a valedictory by Dr. J. A. Ostrander. The music is to be furnished by the well-known band of Noah Brandt, a special feature of which is a mandolin solo by Miss Marie Hyde.

The graduating class consists of the following: T. I. Janes, S. M. Janes, Mrs. C. L. Guild, Miss Ida V. Stambach, H. Damkroeger, H. S. Pelton, J. N. Nellis, J. A. Ostrander, Mrs. J. Wagner.

The following members of the junior and middle classes also passed satisfactory examinations in the branches of those years: H. W. Edmonds, Miss Alice Badger, Miss S. J. Fenton, Miss E. S. Lynch, E. Weirich, Mrs. J. Deweese, R. R. Baldwin, Miss A. M. Goss, W. E. Alumbaugh, G. W. Pleasants, A. B. Jordan, John Callen, G. C. Eschelman, C. T. Caldwell, Lucy G. De Haven, D. G. Bennett, Miss T. B. Cosack.

SOUTHERN HOMŒOPATHIC MEDICAL ASSOCIATION.

The fifth annual meeting of the Southern Homœopathic Medical Association was held at Louisville, Ky., October 10th, 11th, 12th, 1888. Officers: George M. Ockford, M. D., president, Lexington, Ky.; Walter M. Dake, M. D., first vice-president, Nashville, Tenn.; E. A. Guilbert, M. D., second vice-president, Jackson, Miss.; C. G. Fellows, M. D., recording secretary, New Orleans, La.; C. R. Mayer, M. D., corresponding secretary, New Orleans, La.; Robert A. Bayley, M. D., treasurer, New Orleans, La.

NEW LICENTIATES.

The following have been granted licenses to practice by the Homœopathic Board since our last issue:

- A. B. Weymouth, Los Angeles; Bellevue Hospital College, New York...1863
- C. E. Tennant, San Diego; Homœopathic Medical College, Missouri...1879
- C. B. Dickson, Los Angeles; Homœopathic Hospital College, Cleveland, 1888

CORRESPONDENCE.

LETTER FROM VANCOUVER, B. C.

EDITORS CALIFORNIA HOMŒOPATH—I am not a Quaker, but I am periodically moved to do certain things—amongst these, to write to the HOMŒOPATH, the fever, however, is irregular. I think it occurs when I have something to say, I don't know any drug with this peculiarity, but you may not desire to perform a cure.

I believe I have a couple of highly important matters to convey. One is the new front presented by the "regular" School to Homœopaths. The keynote has been sounded in England, but whether as second fiddle to Canada I am not sure. Ontario, at least, long ago put Homœopaths on the same footing as the others, and indeed the profession of that province seem to have striven to do honor in a special manner to the followers of Hahnemann. I have not space to show how this came about. When I left Canada, over twenty years ago, the ostracism, with which you are familiar and which still prevails in the United States, was in full blast, and when, in 1883, I returned I supposed I would have to fight as yore; but I noticed that when I needed assistance—in an operation for instance—I got it promptly.

On returning from Victoria to this place I found no traces of the old opposition, but the contrary, and a few months ago, when a Medical Society was formerly here, I was invited to join. It was done in such a matter of course way, too, that I did not think twice on the subject, but attended the first meeting for organization and every one but one since. I have thus become personally acquainted with every one of the doctors in the town. You know how far this goes to remove prejudices and to further the existence of harmony. Until lately we have not reached any discussion of therapeutics, but have been attending to the organization of the new City Hospital.

Recently the question came up whether the medicine required had better be kept in the hospital or dispensed in the drug store. I listened quietly to an animated discussion pro and con. One thought that the more commonly used things, "salts" and "oil," should be kept on hand. When they got through I suggested that both drug store and "salts" and "oil," could be dispensed with. That I boycotted both myself and had done so for about thirty years. It surprised them to hear such a radical proposition, and after some cross (not angry) examination we adjourned.

A desire has thus been aroused to hear more on the subject and I am to read a paper at our next meeting.

Here is what should have been done at the outstart and while Homœopathy would have been generally adopted, Homœopaths would have been unknown.

The new front is that sectarianism be abolished and the utmost toleration be accorded to all educated physicians be practiced.

I intend the title of my paper shall be "The Regeneration of Practical Medicine;" and intend to insist that the matter be viewed and conclusions reached by actual practical tests of practice, not by theoretical considerations.

We had decided to attend city patients in the new City Hospital gratuitously each taking a week (there are nine of us), but at the last moment the Council reduced the number to five—Had a dispute with the Board of Health as to the jurisdiction, and so four, including myself, were left to continue our peaceful keeping instead of being rudely called out in the night for nothing; not even thank you from any body, I am pleased with the outcome.

The other important matter relates to ethics; it will stun some of your wranglers. The slavery of the sick is being abolished. Vested rights in families is tabooed. The "family doctor" is to exist no more. No more shall he trample on the rights of the unfortunate. No more shall he hold on when he knows he doesn't know. No more shall the people have any obstacle in their way when they wish to try and do better. No more shall the doctors themselves quarrel as to the ownership of families or patients. The words "patient of another physician" are to mean a sick person who is actually being attended by another physician only. This will not hurt Homœopathy, but the reverse. You know how frequently patients would come only for fear of offending their *owner*, the "family doctor." And now I would stand on the top of the statue of Liberty in New York harbor and proclaim that Canada has won the Champion belt of freedom and that the boast of America is taken from her, leaving her poor indeed.

E. STEVENSON, M. D., M. C. P. S.

P. S.—I wish to say that I would like very much to have one or more Homœopaths locate in either Victoria, or New Westminster, or here. There

would be no difficulty, I feel sure, in any well educated man obtaining the license. The Council meets here in November. It is very isolated to be alone in a whole province. Besides, I am inclined to withdraw from the field, or partially so—Reason—real estate umbilically situated, and—well let me see—laziness.

E. S.

CLINICAL ITEMS.

Agaricin in night sweats.—Few practitioners appreciate the exceedingly great value of agaricin as a remedy in night sweats, especially those of phthisis. The most profuse sweat is checked almost by magic, with a single dose. It operates by diminishing thirst and increasing the secretion of urine. The dose may be pushed to the extent of one grain in the course of twenty-four hours. The single dose for an adult is from one-eighth to one-fourth of a grain.—

Myrica in Jaundice.—An interesting clinical confirmation of the use of one of the indications for a comparatively uncommon remedy occurred in a patient under my care. The subject was a stout person, aged 50, with dyspeptic history, sallow complexion; tongue thickly coated; breath offensive, no appetite; stools pale; urine dark; lassitude extreme, and great weakness during the day; abdominal pain and tenderness, greatest in the hepatic regions. Prescribed *nux vomica* 5, with unsatisfactory results. The conjunctivæ became yellow the next, and the symptoms were all worse. Prescribed *myricin* 1, one grain every twenty-four hours, and a speedy and steady improvement followed in a few hours. This drug was selected from a characteristic symptom: tenacious, thick, nauseous secretion in the mouth. I have found it a valuable remedy in jaundice.—*Dr. Thomas Simpson, Monthly Homœopathic Review.*

Nat. Phos. a Worm Remedy.—Dr. Schuessler recommends this drug as efficient in verminous affections. Dr. A. C. Kimball, of Barteville Station, Neb., reports a case in his practice with the following results: The patient, a boy aged 5 years, had spasms and had been treated by several physi-

cians without benefit. After using nat. phos. 3 for six weeks, three times a day, he passed four feet three inches of tape worm, much to the astonishment of all interested. This is the first recorded case of nat. phos, producing such a result. It is believed the entire worm was passed, there being no evidence of any remaining. Nat. phos. is especially efficient in cases of pin worms.

Guaiacum has pleuritic stitches between the scapula, aggravated by every inspiration; sharp stitches from scapula to occiput; stiffness of whole of left side of neck and shoulders.

Sanguinaria tincture should not be forgotten in muscular rheumatism of the shoulder joint, and cervical region; neck stiff and pained greatly in movement; impossible to raise the arm from the side.

Magnes. Phos. in Ague.—Dr. Sherbino, of Dallas, Texas, reports two cases of ague cured with magnesia phos. 13x. The indications being: Before chill, pain in neck; stiffness; pain down the spine; during chill, cramps in lower limbs, ameliorated by some one taking hold of the foot or feet and drawing on them or extending them (which will relieve any cramp in extremities—Eds.); thirst before and during chill; none during heat or sweat relieves; cramps and vomiting at same time during chill.—*S. J. H.*

Lycopod. is to be thought of in dysuria, retention of urine, spasm of the bladder, especially in teething children. Red sand is found on the napkins. Much pain before passing water. Now remember that *periodical crying, lasting from five to ten minutes, day and night*, oftener only at night, should always make us think of spasm of the bladder or painful urination. Politzer (Vienna) mentions a case of a little two-year old girl, who had been treated homœopathically without success and who had eight to ten crying spells a night for four weeks, where one dose of emulsion of lyc. and bell. cured immediately. He says that such cases are at once met by the administration of lycop. emulsion with or without bell.

The California Homœopath.

A MONTHLY JOURNAL,

Devoted to the cause of Homœopathy on the Pacific Coast. The only
Homœopathic Medical Journal west of the Rocky Mountains.

EDITORS. - - WM. BOERICKE, M. D. and W. A. DEWEY, M. D.

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THE CALIFORNIA HOMOEOPATH, No. 234 Sutter St., San Francisco, Cal.

EDITORIAL NOTES.

THE CALIFORNIA HOMOEOPATH is in need of short, pithy, practical articles for its pages, contributed mainly by Pacific Coast physicians. There are some peculiar conditions with us, upon which it would be well to obtain the united experience of the profession. We name at present but one, and that is the baneful effects of our north wind, which blows regularly at this season, drying up everything in its course, producing and aggravating a host of nervous disorders, catarrhal conditions, etc. Give us your experience in combating this local foe. What peculiar conditions do you find more or less associated with the blowing of our north wind? What remedies and potencies have you found able to counteract these conditions? What remedies correspond theoretically, according to the Materia Medica, to the symptoms usually brought on by this meteorological factor? We need no carefully prepared articles, but merely a few pointed hints hastily written off. If there is any need for elaboration, trust us for that.

Personal Notes, Locations, Etc.

DR. H. DAMKROEGER will remain in charge of the Hahnemann Hospital, 312 Page street for the present.

DR. R. S. JACKSON finds the attractions of Los Angeles so great that a flying visit is to be converted into a permanent residence.

REMOVAL.—DRS. JOHNSON AND STILES have removed their office from the Ancker Block to rooms 3, 4 and 5, Post-office Building, SAN BERNARDINO.

DR. KATE SHEPARDSON-BLACK, a former resident of California, but lately practicing in Buffalo, has located in Pasadena. Office in Wood & Bandbury Block.

DR. G. W. BURLEIGH, recently in San Francisco, has removed to Los Angeles and opened an office in 121 S. Spring street, where he pays special attention to diseases of the Stomach and Bowels, and also to diseases of Women.

DR. HORACE F. IVINS, of Philadelphia, who has furnished our readers with some articles on ophthalmology during his recent trip abroad, has returned to his home in Philadelphia.

THROUGH an error on the part of the printer, DR. J. H. WADDELL, whose advertisement appears in this number, was put down as from Winston, Ohio, in our last. It should have been Wauseon.

R. C. DAILEY, M. D., has located in Visalia, Tulare Co., a town of 3,500 inhabitants, full of malaria and just the place for a Homœopathist of DR. DAILEY's skill and experience. We feel confident that he has chosen well.

E. V. VAN NORMAN, M. D., formerly of Springfield, Ohio, where he practiced for eighteen years, has located in San Diego. The doctor writes that his health has much improved since moving to this Coast. His office is 943 Sixth street.

MESSRS. REED & CARNRICKS' agents recently called upon the editors of this journal and left us a supply of samples. They are manufacturing several new preparations, and any one knowing the excellence of their food will certainly look with confidence upon them.

E. & H. T. ANTHONY & Co., the well known dealers in photographic materials, have an advertisement in this number. We call our readers' attention to it, as photography is often a useful adjunct to medicine, and, as can be seen by their catalogue, furnished upon application, it is a simple, interesting and cheap pastime.

DR. E. A. DE CAILHOL, of Los Angeles, has opened a sanitarium in that city, on Pearl street, between Temple and Diamond. The doctor's whole attention has been given to this undertaking, which has been incubating in his mind for several years, and to judge from the photograph he so kindly sent us, it has at last culminated in a success. A fine main building, pavilions, gardens, etc., where the patients can enjoy the beautiful climate of Los Angeles and live most of the time in the open air. Our Eastern brethren should bear this sanitarium in mind in recommending patients to Los Angeles. We hope the doctor will write us up a full description of his new Home of Health.

BOOK REVIEWS.

Helmuth House Reports, 1887—1888.

One hundred and fifty operations performed and only six unavoidably fatal ones; two from uremia, one each from tetanus, carcinomatous, dysnasia, cardiac paralysis and hysteræctomy. Well done, my good, old friend, and may for many years that Helmuth House remain under the guardianship of that blessed woman, Mrs. Helmuth. We need not fear more the taunt that Homœopathy is only good for little children and hysteric women, and still thereon hinges the only complaint which I find in the year's report. Not a word about treatment of the many interesting cases. Let us hear explicitly that surgery shows better results when combined with Homœopathy. Teach the younger members the value of the simillimum in operative surgery, and thus benefit the school of which you are such a valuable and honored member. May only prosperity attend the cases which seek aid and health in your hospice, and may for years to come this noble woman aid her husband in the work of this great charity. S. L.

Disinfection and Disinfectants.—Their Application and use in the Prevention and Treatment of Disease and in Public and Private Sanitation By the Committee on Disinfectants Appointed by the American Public Health Association, Concord, N. H., 1888.

The Committee was appointed in 1884 and for three years has continued its researches, investigations and experiments, composed as it was by men of great ability, we have in this volume a work of great importance and value, and is, in fact, the most complete and practical volume upon disinfection yet published. It ought to find a place in the working library of every physician, for the subjects it handles with so much clearness and ability are those that at present are engrossing the profession, and on which every physician should be enabled to give clear, concise and accurate information. The Secretary of the Committee has enhanced the value of the work very materially by a complete bibliographical list since 1880, and an ideal index to the whole work.

POPULAR DEPARTMENT.

THE MANAGEMENT AND CARE OF CHILDREN.

By WILLIAM BOERICKE, M. D.

VIII.

WEANING AND FOOD FOR OLDER CHILDREN.

With the appearance of the teeth comes the question of weaning, and offering some other food besides milk. With some care and painstaking there ought to be no difficulty in making the change. The old fear of the "second" summer is, on the whole, an idle one, and it is a good rule to substitute other food for mother's milk just so soon as the child shows lack of steady gain in strength and weight. So long as it keeps plump, does not fret, and thrives generally, and the mother's health is also not disturbed, it is doing well, and no immediate change need to be hurriedly inaugurated.

When the child is about one year of age, it is a good average time to wean it, though it is well not to do so in the midst of very hot weather. It should be a *gradual* process, and it is well therefore, to give a meal of artificial food (properly prepared milk) once daily for months before.

Diet after weaning.—The essential characteristic must be *simplicity*. Avoid too much variety until the teething process is accomplished, thus, until after the second year, it is desirable that only milk and milk foods should form the *staple diet* of all children.

After the third year the child gradually adopts the varied diet of adults, though I never worry if meat is not taken before the fourth year. Even a good diet will not agree with all children. The differences in constitution and temperament are so great that no one prescribed diet can possibly apply to all. Frequently it becomes largely a matter of experiment to find the best diet for any one individual case; do not fear to change if the child is not prospering.

Remember that *a child should gradually gain in weight and strength*. Loss of flesh in a child not apparently sick, indi-

cates almost always faulty food or feeding. Its flesh should be firm and solid, not flabby, as is so frequent in children brought up on condensed milk alone, or too much starchy food. Now, if with these evidences of good nourishment, the child has no frequent attacks of colic, crying, indigestion, sleeps well, has a healthy skin, you may be sure that its food, whatever it may be, agrees with *that* child, however inadvisable it might be to force all other babies to the same dietary.

A good addition to milk is oatmeal or barley, the latter being preferable as a steady diet because oatmeal, on account of its containing fat and mucin, tends to relax the bowels. This can be advantageously substituted when there is a tendency to constipation. In regard to the kind of barley to be used, it is best to employ the *entire kernel*, including the yellow outer layer, which contains gluten. This ought to be finely ground and allowed to boil five hours, in order to let the outer layer burst.

The *pearl barley* is the inside kernel freed from the husk, and the prepared barley flour of the shops is very white and made from it, but both are inferior for our use to the entire kernel.

A good preparation is the *oatmeal or barley milk*, made by boiling a teaspoonful of oatmeal or ground barley in four ounces of water for a quarter to half an hour and then adding an equal part of milk.

After six months some addition of farinaceous food to the milk will be useful. Now any of the numerous patent foods, like Mellin's, Horlick's, etc., may come in as an *addition*, but not as a *substitute* for milk. The starch in these preparations is supposed to be converted into dextrine, so as to be readily acted upon by the digestive organs. For general use they are all too expensive, and every household can prepare for itself, from ordinary good flour, a preparation of dextrine by resorting to the old-fashioned *flour-ball*, made by taking a pound of flour, tying it lightly in a cloth, placed in water and boiled for ten hours. Afterwards, when cold, the softer outer covering of the ball of flour is cut away and the hard interior is reduced to powder with a fine grater. This powder, exceedingly light and delicate, is of pale straw color. One or two meals a day can be given. For each meal one tea-

spoonful of it is rubbed up with a tablespoonful of cold milk into a smooth paste. Add cold milk until it has the appearance of perfectly smooth cream. A quarter of a pint of hot milk or milk and water is then poured upon the mixture, stirring briskly all the time, and the food is ready for use; or one teaspoonful of this baked flour can be added to one of oat-meal; this is beaten up till smooth with four tablespoonfuls of cold water and then boiled with three quarters of a pint of milk until it thickens. A little sugar and salt should be added.

Besides milk we have, on the one hand, the various mushes or porridges, and other farinaceous foods, and on the other, different meat broths.

The most valuable of the mushes are oat meal, cracked wheat, graham, germea, corn meal, sago, barley, rice, etc. Children like to have a variety, and prefer different ones at different times if permitted to exercise their choice. There are a few general rules to be observed for making porridges for our purpose, which are essential. First, see to it that the cereal is of the best kind; not musty or stale; secondly, the milk must be fresh, the water clean and boiling and never cooked in iron or copper, and always in a double boiler to prevent burning, and lastly, be very particular in having it *thoroughly* cooked. Add but little sugar, and have them seasoned moderately with salt, and give with good milk or cream. Feed slowly, and teach children to chew well even soft food.

A good preparation of these farinaceous foods is obtained by making them according to the following receipts:

Oatmeal Mush—One cup granulated oatmeal, $\frac{1}{2}$ teaspoonful salt, 1 quart boiling water. Put the meal and salt in a double boiler, pour on the boiling water and cook two or three hours, stirring occasionally with a fork. Serve with sugar and cream. For older children a baked apple or apple jelly may be served with it.

The oatmeal is especially adapted to children who have a tendency to constipation.

Cornmeal Mush.—One cup corn meal, $\frac{1}{2}$ teaspoonful salt, 1 cup cold milk, 1 pint boiling water. Mix the meal and

salt with the cold milk and stir gradually into the boiling water. Cook half an hour in a double boiler stirring often.

Graham Mush.—Mix half a cup of graham flour and half a teaspoonful of salt. Make into a smooth paste with a little cold water. Stir all into one pint of boiling water, cook twenty minutes stirring often.

Farina Porridge.—Half a pint of boiling water, half a pint of fresh milk, one large tablespoonful Hecker's farina wet up with a little cold water; two teaspoonfuls of white sugar and a pinch of salt. Pour the hot water, slightly salted, into a farina or custard-kettle; be sure that it boils before stirring in the wet farina. Boil and stir a quarter of an hour, by which time the mixture should be well thickened and smooth. Add the milk, still stirring, and cook fifteen minutes more. Take from the fire and sweeten. Give it to the child a little now and then blood-warm. Make as much in the morning as will last all day, and be sufficient, when fresh milk is aded, to form a supply for a possible midnight meal. Keep it in a cool place and prepare it for use by the addition of a little hot (not boiled) milk, beaten in. Pour it into the bottle as you would milk or give it from a pap-cup. Be careful to see for yourself that the farina is perfectly free from mustor sourness.—(*Marion Harland*).

Bread Jelly is made by soaking crumbs of stale bread in cold water for eight hours. The water is then all squeezed out. The pulp is next placed in fresh water and boiled gently for half an hour so as to burst the cellulose capsules of the starch granules. The water is then strained off and the pulp squashed through a fine hair sieve into a mould, where as it cools it sets into a jelly. Enough of this is mixed with warm water or milk to make food of a thin consistence. May be used instead of barley water.

Broths are an acceptable change from milk, and serve well for the noonday meal. Sometimes milk does not agree, and then broths form our mainstay. Veal, beef, mutton and chicken broth, made by taking one-half a pound of meat to a pint of water for younger children, and one pound to a pint for older, make nourishing and agreeable foods. Rice,

barley, bread, crackers, etc., may be added. Great care should be taken to have all fat and gristle removed from the meat when cutting it up. It is then put into a saucepan, covered, and allowed to stand by the fire four or five hours, and then simmer gently for two hours. It is then strained and seasoned with salt.

The following receipts have been tried and found excellent:

Beef-tea.—The expressed juice of beef is made as follows: A tender steak, cut an inch and one-half thick, should be broiled till cooked through, but not beyond blood red color. The juice should then be squeezed out with a lemon-squeezer or better still, a meat press, and seasoned. One or two tablespoonfuls may be given at a time with stale bread crumbs to a child over one year old.

Broiled Beef Essence.—Broil half a pound of round steak one or two minutes or until the juice will flow; cut into small pieces and squeeze the juice into a bowl placed over hot water. Add a pinch of salt and serve at once or pour it over a slice of dry hot toast. Or a

Beef-tea may be made by adding half a cup of boiling water to the meat after broiling as above.

Beef-tea with Oatmeal.—Mix two tablespoonfuls of oatmeal very smooth with two of cold water; then add a pint of strong boiling beef-tea. Boil together for five minutes, stirring well; strain through a sieve.

Bread, wheaten, graham or rye, should be given when comparatively stale; all hot bread and biscuit should be forbidden. Baker's rolls, especially when a day old, are good; graham crackers, seafoam crackers may be taken with the broth, or broken into it.

Zwieback, to be had of all German bakeries, is an excellent change. and forms with milk a good supper. Children as a rule learn to like it very much. Milk toast, cracker toast, sponge cake, lady-fingers, bread and butter, all form excellent foods. Do not deny the child fat in some form, good butter, or as bacon fat, to which is added some bread crumbs or mealy potato. The *potato* must be *baked*, not fried or boiled, and only the mealy ones selected. This with a little dish of gravy or fresh butter and salt is usually found an agreeable change of food.

Eggs should be soft boiled or poached, not fried and may be given occasionally; so the plain custard i. e. egg, milk and sugar without spices may be tried at times.

When the eye teeth are through, a portion of a soft boiled or dropped egg may be given, but solid animal food must not be given until all the teeth have appeared at the very earliest.

Fruits when ripe, and fresh are good and ought to be allowed liberally. But be sure that seeds, skin and core are excluded. Oranges, pears, bananas, peaches, apples, grapes with seeds and skins removed, strawberries, raspberries etc., may all be used with discretion after a year is passed, or better eighteen months. Baked apples and *stewed* fruits, especially prunes of the French or German variety are useful adjuncts.

A wholesome lunch for a child is lightly toasted, whole-flour bread spread over with finely pulverized prune-pulp. Especially useful when there is a tendency to constipation.

Meat need not be given to children under four years of age. When not encouraged otherwise, many children do not care to go outside of milk foods, broths and fruit until then, but there is no objection to meat as a diet two or three times a week or even once daily after the second year, when the molar teeth have appeared. The danger is of giving it too freely and too often. Especially is this true where children come to the adult's table and when the boarding house necessarily excludes the nursery from the child's life. Meat diet is encouraged, because parents believe it strengthens the child. But when given too early and too often, it is apt to lead to ill nourishment and hence colicky pains, boils, skin eruptions. Frequently such children will have sandy deposits in the urine, showing clearly that too much of a burden is laid on the liver. Return more generously to milk diet and fruit and your child will be all the better for it.

'Coffee, tea, however weak, and it is almost needless to add wine and all other spirits, must be rigorously excluded from the child's dietary, no "tastes" should be allowed. Milk and water, the latter filtered and boiled, and for older children plain cocoa and cocoa shells, ought to constitute the sole drinks.

A valuable food and stimulant for infants is

White Wine Whey, made from half a pint of boiling milk and one glassfull of Sherry strained through a pint sieve and slightly sweetened with sifted sugar.

One rule of great importance is this: Do not pamper a child's whims, but see that he takes a sufficient quantity of simple and nourishing food. On the other hand, do not force a child to eat what he really seems to loathe. Nothing is gained by it.

